

01-12-1071

Entered - 11-18-00 - sb  
CL 00L0712 - ALEXIS HOLMES

CLAIM OF: **DARRELL M. YOUNG**  
P.O. Box 573  
Mableton, Georgia 30126

For damages alleged to have been sustained as a result of driving  
over a large pothole in the road on October 13, 2000 at Bankhead  
Highway and North Grand and Oak Street.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY *Robert, C. DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0712

Date: 6/29/01

Claimant /Victim DARRELL M. YOUNG

BY: (Atty) \_\_\_\_\_

Address: P.O. Box 573 Mableton, Georgia 30126

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 105.63 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 11/2/00 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/13/00 Place: Bankhead Highway at North Grand and Oak Street

Department \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges that he sustained vehicular damages when he drove over a pothole full of water in the road. However, after investigating this incident, it was determined that the area in which the claimant alleges the incident occurred, is a State road and the responsibility of the Department of Transportation, and is not the responsibility of the City of Atlanta. This claim has been referred over to the Department of Transportation.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Other X Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

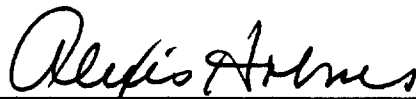
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager: [Signature] Concur/date 06-29-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

Dear Municipal Clerk:

ENTERED - 11-18-00 - SB  
00L0712 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 0 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 10/13/00 (month/day/ year) 2. Time of Incident: 5pm 3. Police called: X Yes No

4. Location of incident (including street address): off on Bankhead Hwy between N. Grand + Oak

5. Name of your insurance company: State Farm Policy No. \_\_\_\_\_

6. State what and how incident occurred: a huge potholed was in the road off on Bankhead Hwy between N. Grand + Oak Street (near the Zone 1 police precinct). I hit a pothole + it knocked my CAR out of alignment. The pothole has been fixed since then.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Azida '99 JEM 451 Charlotte Young  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Darrell M. Young  
Signature of Claimant

Darrell M. Young  
(Print Claimant's Name)

P.O. Box 573  
(Address)

Mableton, GA 30126  
(City, State and Zip Code)

(7) 745-9005 (7) 944-0954  
(Work Number) (Home Number)

01-R-1071